FOR LINE NUMBER: PAGE	100 0= 110	
Use separate schedule(s) (check only one)  TEMIZED DISBURSEMENTS  Use separate schedule(s) (check only one)  For each category of the Detailed Summary Page	129 OF 143 19a 19b 20c 21	
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NAME OF COMMITTEE (In Full) Friends of Erik Paulsen		
Full Name (Last, First, Middle Initial)  A. TOWNSEND GROUP  Date of Disbursement	Y	
	02 23 2015	
City State Zip Code Amount of Each Disbursement VA 22314	t this Period	
Purpose of Disbursement FUNDRAISING FEE AND EXPENSES  Transaction ID : SB17.I2116	9940.05	
Candidate Name Category/ Type		
Office Sought:  House Disbursement For:  Senate President Other (specify)		
State: District:   Full Name (Last, First, Middle Initial)		
Mailing Address	Y Y Y 2015	
City State Zip Code Amount of Each Disbursemen  PARK CITY UT 84060	t this Period	
Purpose of Disbursement LODGING	1210.68	
Candidate Name  Category/ Type  [MEMO ITEM]		
Office Sought: House Disbursement For: Senate Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)		
ST. REGIS HOTEL  Date of Disbursement	Y Y	
8.4 'Y'	015	
City State Zip Code Amount of Each Disbursement PARK CITY UT 84060		
Purpose of Disbursement LODGING  Transaction ID : SB17.I2127	1210.68	
Candidate Name Category/ Type [MEMO ITEM]		
Office Sought:  House Disbursement For:  Senate President Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....